FEC FORM 3

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FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

| ٠. | H. G.S. | eeiv Ji | ÆÐ. | SENATE |
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4 OCT 22 AH 11: 48

Office Use Only

| 1. | NAME OF COMMITTEE (i | n full |
|----|-------------------------|--------|
| | | |

()

| 1. NAME OF TYPE OR PRINT COMMITTEE (in full) | Example: If typing, type 12FE4M5 over the lines. |
|--|--|
| CHARLIE HARDY FO | RISENATE |
| | |
| ADDRESS (number and street) | CENTRAL AVE #A |
| Check if different than previously reported. (ACC) | NNE WY 820011- |
| 2. FEC IDENTIFICATION NUMBER ▼ | CITY STATE ZIP CODE STATE ▼ DISTRICT |
| C00 55 4758 | 3. IS THIS REPORT (N) OR (A) |
| 4. TYPE OF REPORT (Choose One) | (b) 12-Day PRE-Election Report for the: |
| (a) Quarterly Reports: April 15 Quarterly Report (Q1) | Primary (12P) General (12G) Runoff (12R) |
| July 15 Quarterly Report (Q2) | Convention (12C) Special (12S) |
| October 15 Quarterly Report (Q3) | Election on State of |
| January 31 Year-End Report (YE) | (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) . Special (30S) |
| Termination Report (TER) | Election on State of |
| 5. Covering Period: 07 / 07 | 2014 through 509 38 2014 |
| | the best of my knowledge and belief it is true, correct and complete. |
| Signature of Treasurer | I Friley Date 70 75 2014 |
| | ete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. |
| Office Use | FEC FORM 3 (Revised 02/2003) |

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

e or type Committee Name

CHARLIE HARDY FOR SENATE

ort Covering the Period: From: 07 01 2014

Report Covering the Period:

09 30 2014

| | | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|-----|---|-------------------------|---------------------------------|
| 6. | Net Contributions (other than loans) | | |
| | (a) Total Contributions (other than loans) (from Line 11(e)) | 1755674 | 41.405.64 |
| | (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 983.60 |
| | (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 17,556,74 | 40,422.04 |
| 7. | Net Operating Expenditures | | |
| | (a) Total Operating Expenditures (from Line 17) | 14,503.48 | 63 676 78 |
| | (b) Total Offsets to Operating Expenditures (from Line 14) | 0.00 | , 0.00 |
| | (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 14,503.48 | 63.676.78 |
| 8. | Cash on Hand at Close of Reporting Period (from Line 27) | 5.954.67 | |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 54 325 41 | |

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

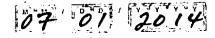
ceipts Page 3

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Report Covering the Period:

From:



To:

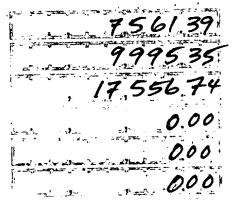
09 30

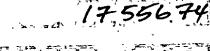
2019

I. RECEIPTS

COLUMN A Total This Period COLUMN B
Election Cycle-to-Date

- 11. CONTRIBUTIONS (other than loans) FROM:
 - (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A)...
 - (ii) Uniternized
 - (iii) TOTAL of contributions from individuals .
 - (b) Political Party Committees...
 - (c) Other Political Committees (such as PACs)...
 - (d) The Candidate
 - (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))...
- 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ...
- 13. LOANS:
 - (a) Made or Guaranteed by the Candidate...
 - (b) All Other Loans...
 - (c) TOTAL LOANS (add Lines 13(a) and (b))...
- 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..
- 15. OTHER RECEIPTS
 (Dividends, Interest, etc.).....
- 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...







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17556.74

1834807 2305745 41,40552 000 000

71,405,32

29,209.41 0,00 29,209.41

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DETAILED SUMMARY PAGE

| ı | FEC Form 3 (Revised 02/2003) | of Disbursements | Page 4 |
|-----|---|-------------------------------|---------------------------------|
| | II. DISBURSEMENTS | COLUMN A Totsi This Period | COLUMN B Election Cycle-to-Date |
| 17. | OPERATING EXPENDITURES | 14.503.48 | 63.676.78 |
| 18. | TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. | LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate | 000 | 0.00 |
| | (b) Of All Other Loans | 0.00 | 0.00 |
| | (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) | 0.00 | 000 |
| 20. | . REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees | 0.00 | .983.60 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| | (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) | 0.00 | 983.60 |
| 21. | . OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. | . TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) | 14.50348 | 64.660.38 |
| | III. CASH | SUMMARY | |
| 23. | . Cash on hand at beginning of re | PORTING PERIOD | 2901.41 |
| 24 | TOTAL RECEIPTS THIS PERIOD (from Li | ne 16, page 3) | 17.556.74 |
| 25. | . SUBTOTAL (add Line 23 and Line 24) | | 20.458.15 |
| 26. | . TOTAL DISBURSEMENTS THIS PERIOD | (from Line 22) | 14.503.48 |
| 27. | CASH ON HAND AT CLOSE OF REPORT (subtract Line 26 from Line 25) | TING PERIOD | 5.954.67 |

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| COLUMN A (FEO Forms C) | | FOR LINE NUMBER: PAGE 5 OF 44 | | |
|---|--|---|--|--|
| SCHEDULE A (FEC Form 3) | Use separate schedule(s) | (check only one) | | |
| ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | 11a 11b 11c 11d | | |
| | | 12 13a 13b 14 15 | | |
| Any information copied from such Reports and Sta or for commercial purposes, other than using the n | tements may not be sold or used by any ame and address of any political committee | person for the purpose of soliciting contributions se to solicit contributions from such committee. | | |
| NAME OF COMMITTEE (In Full) | | · | | |
| / CHARLIE HARDY FO | IL SENATE | | | |
| Full Name (Last, First; Middle Initial) A. ALLBRIGHT, JOSE Malling Address | EPH | Date of Receipt | | |
| PO BOX 97-60 | | 07 05 2014 | | |
| City JACKSON. | State Zip Code WY 83002 | | | |
| FEC ID number of contributing federal political committee. | С | Amount of Each Receipt this Period | | |
| Name of Employer | Occupation | , 500.00 | | |
| FLAT CREEK RANCH | OWNER | | | |
| Receipt For: Primary General | Election Cycle-to-Date | | | |
| Other (specify) | , ,500.00 | | | |
| Full Name (Last, First, Middle Initial) KUNSTEL, MARCI | <i>A</i> . | Date of Receipt | | |
| B. Mailing address Box 9760 | · · · · · · · · · · · · · · · · · · · | 07 05 2014 | | |
| City . | State Zip Code | 0,000,7 | | |
| <u> </u> | uy 83002 | | | |
| FEC ID number of contributing federal political committee. | С | Amount of Each Receipt this Period | | |
| Name of Employer | Occupation | , ,500.00 | | |
| FLAT CREEK RANCH | OWNER | 4 | | |
| Receipt For: Primary General | Election Cycle-to-Date | | | |
| Other (specify) | , ,500.00 | | | |
| Full Name (Last, First, Middle Initial) C. JOURGENSEN, PET | ER . | Date of Receipt | | |
| Mailing Address BOX 9550 | | 07 21 2014 | | |
| City | State Zip Code 14 # 2002 | | | |
| FEC ID number of contributing federal political committee. | С | Amount of Each Receipt this Period | | |
| Name of Employer RETIRED | Occupation . | , ,250.00 | | |
| Receipt For: | Election Cycle-to-Date | 7 | | |
| Other (specify) | , ,250.00 | | | |
| SUBTOTAL of Receipts This Page (optional) | | , 1,250,00 | | |
| | | | | |
| TOTAL This Period (last page this line number only | y) | , , , | | |

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| SCHEDULE A (FEC Form 3) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE OF LIPE (check only one) | |
|---|---|---|--|--|
| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | 11a 11b 11c 11d 12 13a 13b 14 15 | |
| | Any information copied from such Reports and Statements may not be sold or used by any per or for commercial purposes, other than using the name and address of any political committee | | | |
| NAME OF COMMITTEE (In Full) | | | . , | |
| CHARLIE HARDY | FOR | SENATE | | |
| Full Name (Last, First; Middle Initial) TOURGENSEN | TEAN | | Date of Receipt | |
| Mailing Address BOX 9550 | • | | 07 21 2014 | |
| City JACKSON | WY | 83002 | | |
| FEC ID number of contributing federal political committee. | C | | Amount of Each Receipt this Period | |
| Name of Employer | Occupatio | n | , , 250.00 | |
| Receipt For: | Election C | cycle-to-Date | 7 | |
| Primary General Other (specify) | | , ,250.00 | | |
| Full Name (Last, First, Middle Initial) B. CARTER, ROCK | CADD ROCK | | | |
| Mailing Address N. BALSAM TREE | | | 08 09 2014 | |
| City MEQUON | State W/ | Zip Code 53092 | | |
| FEC ID number of contributing federal political committee. | · · · · · · · · · · · · · · · · · · · | | | |
| Name of Employer | Occupatio RE7 | TRED | , 1,000.00 | |
| Receipt For: | Election C | cycle-to-Date | | |
| Other (specify) | | , 2,000,00 | | |
| Full Name (Last, First, Middle Initial) MAIN LAND, JEFFREY | | | Date of Receipt | |
| Moiling Address | | | 08 09 2014 | |
| 3422 SOUTH LANE City State Zip Code FRANKSVILLE WI 53126 | | | 08 09 2014 | |
| FEC ID number of contributing federal political committee. | C | | Amount of Each Receipt this Period | |
| Name of Employer KOLAK ARMS | Occupation | UNER | 500.00 | |
| Receipt For: | | ycle-to-Date | 7 | |
| Other (specify) | | , 1,000.00 | | |
| SUBTOTAL of Receipts This Page (optional) | | | 1,750.00 | |

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| ITEMIZED | REC | EIPTS | ; | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) | ь П11c П11d |
|---|---|---|---------------------------------|
| Any information copied from such Reports and Statements more for commercial purposes, other than using the name and a | ay not be sold or used by any paddress of any political committe | erson for the purpose to solicit contribu | ose of soliciting contributions |
| NAME OF COMMITTEE (IN FUI!) CHARLIE HARDY FOR | | | |
| Full Name (Last, First; Middle Initial) A STERNITZKE, MARY E Mailing Address 507 E. 18th STREET City CHEVELORE | Zip Code | Date of Recei | pt 09 2014 |
| CHEYENNE WY FEC ID number of contributing federal political committee. Name of Employer CHARINES OF WY CATHOLIC CHARINES OF WY | 82001 SYCHOLOGIST | Amount of Ea | ch Receipt this Period |
| Receipt For: Election Cy Primary General Other (specify) | | | |
| Full Name (Last, First, Middle Initial) B. SCHEELAR, EARL Mailing Address 2322 ROOSEVELT AVE City BERKELEY State | Zip Code | Date of Recei | pd bg Zoiy |
| FEC ID number of contributing federal political committee. C Name of Employer Occupation | 94703 TIRED | Amount of Ea | ch Receipt this Period |
| Receipt For: Primary General Other (specify) | , 300.00 | | |
| C. BRADLEY, ALICE Mailing Address 245 S. LOWELL ST. City State | Zip Code 8260 1 | Date of Recei | pt 0 9 Žo 1 4 |
| FEC ID number of contributing federal political committee. | | Amount of Ea | ch Receipt this Period |
| Receipt For: Election Cy Primary General Other (specify) | TRED role-to-Date , , 450,00 | , | , 200.00 |
| SUBTOTAL of Receipts This Page (optional) | | 3 | ,900.00 |
| TOTAL This Period (last page this line number only) | | , | , . |

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| | MIZED RECEIPTS | | for each category of the | 11a 11b | 11c 11d |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | WIZED RECEIP 13 | | Detailed Summary Page | 12 13a | 13b 14 15 |
| Any i | information copied from such Reports and r commercial purposes, other than using the | Statements m | ay not be sold or used by any paddress of any political committee | person for the purpose of se to solicit contributions | soliciting contributions from such committee. |
| | AME OF COMMITTEE (In Full) CHARLIE HARDY | FOR | SENATE | | |
| F.u. | Il Name (Last, First; Middle Initial) | | | Date of Receipt | |
| M: | alling Address SI 6NA TUR | E CT. | | 08 09 | 2014 |
| Ci | LONGMONT | State CO | Zip Gode 80 50 4 | · · | · . |
| | C ID number of contributing deral political committee. | C | | Amount of Each Re | |
| | ame of Employer | 1 | TIRED | , | ,100,00 |
| _ | Primary General Other (specify) | Election Cy | ,250.00 | | |
| В. — | ill Name (Last, First, Middle Initial) POWERS, GEORGE | · | | Date of Receipt | |
| Ma Cit | alling Address 515 E. 18th | STREE | Zip Code | 08 17 | 2014 |
| | CHEYENNE | WY | 82001 | | |
| | C ID number of contributing deral political committee. | С | · | Amount of Each Re | _ |
| Na S | ame of Employer WNDAHL, POWERS,KAFP+ MAKI | Occupation A 7.1 | TORNEY | , | ,500.00 |
| Re | eceipt For: Primary General | Election Cy | /cle-to-Date | | |
| Ė | Other (specify) | | , ,500.00 | | |
| | Il Name (Last, First, Middle Initial) PASCAL, CAROL | | | Date of Receipt | |
| Cit | ailing Address 1722 MORRIE | AVE. | 7in Code | 08 21 | 2014 |
| — | CHEYENNE | WY | Zip Gode 8 2001 | <u></u> | <u></u> |
| | C ID number of contributing deral political committee. | С | | Amount of Each Re | _ |
| Na | me of Employer RETIRED | Occupation | | ; | ,500.00 |
| Re | ceipt For: Primary General | Election Cy | /cle-to-Date | | |
| t | Other (specify) | | 1,000.00 | | |
| | | | | | 1,100.00 |
| SUB | TOTAL of Receipts This Page (optional) | | | - \ | 1,100,00 |

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| SCHEDULE A (FEC Form 3) | Use separate schedule(s) | FOR LINE NUMBER: | PAGE 9 OF 44 |
| ITEMIZED RECEIPTS | for each category of the | 11a 11b | 11c 11d |
| | Detailed Summary Page | 12 13a | 13b 14 15 |
| Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a | | | |
| NAME OF COMMITTEE (In Full) | | | |
| CHARLIE HARDY FOR | | | |
| A. BRIZUELA, GUILLERME | , | Date of Receipt | |
| Mailing Address 5. 247H | | • | 2014 |
| City LARAMIE WY | Zip Code 82070 | | |
| FEC ID number of contributing federal political committee. | | Amount of Each Rec | eipt this Perlod |
| | | | 400,00 |
| Name of Employer INDIAN LANDSCAP. CO. OWN | ER | , | , , , , , , , , |
| Receipt For: Election Cy | cle-to-Date | | |
| Other (specify) | ,400.00 | | |
| | | | |
| Full Name (Last, First, Middle Initial) B. GRIFFIN, MARY Jo | | Date of Receipt | |
| Mailing Address RIDGE AVE | | 08 28 | 2014 |
| BALTIMORE MD | Zip Code 2/286 | | |
| FEC ID number of contributing | • | Amount of Each Rec | eipt this Period |
| federal political committee. | | | 200,00 |
| Name of Employer Occupation | TRED | , | , |
| Receipt For: Election Cyc | cle-to-Date | 7 | |
| Primary General Other (specify) | , 250.00 | | |
| Full Name (Last, First, Middle Initial) ACHTEN BERG, BEN | | Date of Receipt | |
| Mailing Address | | 08 28 | <u> </u> |
| 47 HALIFAY ST. City 2 State | Zip Code | 08 28 | 2014 |
| : 1305 TON MA | ^{Zip} Cod i 30 | | · <u>-</u> |
| FEC ID number of contributing federal political committee. | | Amount of Each Reco | elpt this Period |
| Name of Employer Occupation | | , | ,200,00 |
| NOT EMPLOYED Receipt For: Election Cyc | cle-to-Date | - | |
| Primary (V General | | ļ. | |
| Other (specify) | 300.00 | | |
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| SUBTOTAL of Receipts This Page (optional) | *************************************** | , | ,800.00 |
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| SCHEDULE A (FEC Form 3) | Line populate achadulate | FOR LINE NUMBER: PAGE D OF 44 |
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| | Use separate schedule(s) for each category of the | (check only one) |
| ITEMIZED RECEIPTS | Detailed Summary Page | 12 13a 13b 14 15 |
| Any information copied from such Reports and Statements or for commercial purposes, other than using the name an | s may not be sold or used by any | person for the purpose of soliciting contributions tee to solicit contributions from such committee. |
| | | |
| NAME OF COMMITTEE (IN FUII) CHARLIE HARDY FOR | SENATE | |
| Full Name (Last, First; Middle Initial) A. BELLAMY, RAY | | Date of Receipt |
| Malling Address VINNEDGE RIDE | Ē | 09'08'Zŏ j¥ |
| TALLAHASSEE FL | Zip Code 32 30 3 | |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period |
| Name of Employer FL STATE UNIV: Occupa | tion FYSICIAN | , ,500.00 |
| | Cycle-to-Date | |
| Primary General Other (specify) | , 500.00 | |
| Full Name (Last, First, Middle Initial) B. BRADLEY, ALICE | | Date of Receipt |
| Mailing Address S. LOWELL ST. | | 09 13 2014 |
| CASPER WY | Zip Code 8260) | |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period |
| Name of Employer Occupa | tion. TIKED | , ,400.00 |
| Receipt For: Primary General Other (specify) | Cycle-to-Date , 850,00 | |
| Full Name (Last, First, Middle Initial) CARR, MICHAEL | | Date of Receipt |
| Mailing Address Box 2/8/ | | 09 18 2014 |
| City CHEYENNE WY | Zip Code 82003 | <u> </u> |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period |
| Name of Employer Occup | ation ETIRED | , ,200,00 |
| | Cycle-to-Date | |
| Primary General Other (specify) | , 300.00 | |
| SUBTOTAL of Receipts This Page (optional) | | , 1,100.00 |

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| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE // OF 444 (check drily one) |
|--|---|--|
| Any Information copied from such Reports and Statements n or for commercial purposes, other than using the name and | nay not be sold or used by any address of any political committ | person for the purpose of soliciting contributions |
| NAME OF COMMITTEE (IN FUII) CHARLIE HARDY FOR S | ENATE | |
| CHARLIE HARDY FOR S. Full Name (Last, First, Middle Initial) MONTERASTELLI, ROX, Mailling Address [065] BEAUMONT DR. State | | Date of Receipt |
| City CASPER WY FEC ID number of contributing federal political committee. | Zip Code 82601 | Amount of Each Receipt this Period |
| Name of Employer Occupation | Cycle-to-Date | |
| Full Name (Last, First, Middle Initial) B. WILKINSON, BRUCE Malling Address ADAMS ST. SE City City | Zip Code | Date of Receipt |
| FEC ID number of contributing federal political committee. | 30 | Amount of Each Receipt this Period |
| CHARLIE HARDY FOR SENATE CA | Cycle-to-Date, 187.13 | CAMPAIGN BEGINNING |
| Full Name (Last, First, Middle Initial) C. WILKINSON, BRUCE Mailing Address BIG ADAMS ST. SE City State | Zip Code | Date of Receipt 07 01 2014 |
| FEC ID number of contributing federal political committee. C Name of Employer Occupation | 98501 | Amount of Each Receipt this Period 37-426 |
| CHARLIE HARDY FOR SENATE CAN | MANAGER Oycle-to-Date 561.39 | CAMPAIGN BEGINNING |
| SUBTOTAL of Receipts This Page (optional) | | , 661.39 |

| SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Any Information copied from such Reports and Statements r | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE /2 OF 44 (check only one) 17 |
|---|---|--|
| or for commercial purposes, other than using the name and NAME OF COMMITTEE (in Full) CHARLIE HARDY FOR SEA | address of any political commit | itee to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS Mailing Address Po Box 297-812 | | Date of Disbursement 07 07 2014 |
| Purpose of Disbursement CREDIT CARD PAYMENT— Gandidate Name CHARLIE HARDY Office Sought: House Disbursement For Primary President State: WY District: | SEE BELOW 00 Category Type | , ,233.00 |
| Full Name (Last, First, Middle Initial) B. GASAMAT | | Date of Disbursement 05 30 2014 |
| Purpose of Disbursement FUEL FOR CAMPAIEN VA Candidate Name CHARLIE HARDY Office Sought: House Disbursement For | Categor Type | Amount of Each Disbursement this Period 31.35 MEMO-AMEX CREDIT CARD PAYMENT DATE 07/07/2014. |
| State: WY District: Full Name (Last, First, Middle Initial) C. WYOMING TROPHY 4 ENGRA | (specify) | Date of Disbursement |
| Mailing Address 1620 THOMES AVE. City CHEYENNE WY 82 | <u>Zip</u> Code ?⊘0 / | Amount of Each Disbursement this Period 590 5 3 |
| | Categor Type | MEMO-AMEX CREDIT CARD PAYMENT DATE: 07/07/2014. |
| State: District: SUBTOTAL of Disbursements This Page (optional) | | , ,233.00 |
| TOTAL This Period (last page this line number only) | *************************************** | , , , |

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| NAME OF COMMITTEE (In Full) | | |
| / CHARLIE HARDY FOR SENA | TE | |
| Full Name (Last, First, Middle Initial) | | |
| A. GASAMAT | | Date of Disbursement 55 31 2014 |
| Mailing Address E. 16th ST. | | 09 31 2017 |
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| FUEL FOR CAMPAIGN VEH | | MEMO-AMEX CREDIT |
| CHARLIE HARDY | Category Type | " CARD PAY MENT DATE |
| Office Sought: House Disbursement For Senate | General | 07/07/2014. |
| State: Wy District: Other (s | specify) | |
| Full Name (Last, First, Middle Initial) | | |
| B. OFFICE DEPOT | | Date of Disbursement |
| Mailing Address /225 DEL RANGE BLV City CHEYENNE WY | ۵. | 06 64 2014 |
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| Senate President Other (s | General | 07/07/2014. |
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| TELEPHONE | | MENO-AMEX CREDIT |
| Candidate Name CHARUE HARDY | Categor Type | " CARD PAYMENT DATE |
| Office Sought: House Disbursement For Primary | r: General | 07/07/2014. |
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| NAME OF COMMITTEE (IN FUIL) CHARUE HARDY FUR | SENATE | | | |
| Full Name (Last, First, Middle Initial) | | | | |
| A OFFICE DEPOT | Date of Disbursement | | | |
| | Mailing Address DEL RANGE BLVD. | | | |
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| President | nent For: Primary General Other (specify) | 07/07/2014. | | |
| State: District: Full Name (Last, First, Middle Initial) | | | | |
| B. GASAMAT | | Date of Disbursement | | |
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| City | Mailing Address 620 E. 16 th ST. City State Zip Code CHEYENNE WY B2001 | | | |
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| Office Sought: House Disburser | | 07/07/2014. | | |
| AA/ President | Primary General Other (specify) | 01/04/2014. | | |
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| C. GASAMAT | | Date of Disbursement | | |
| Mailing Address E. 16th ST. | 06 21 2014 | | | |
| Mailing Address E. 16th ST. City CHEYENNE WY State | Amount of Each Disbursement this Period | | | |
| Purpose of Disbursement GAS FOR CAMPAIGN V | EHICLE | MEMO-AMEX CREDIT CARD PAYMENT DATE | | |
| Candidate Name | Category/ CHARLIE HARDY Category/ Type | | | |
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| Full Name (Last, First, Middle Initial) A AMERICAN EXPRESS Malling Address Po Box 297812 | | - | Disbursemen | Zož | Ϋ́ |
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| Candidate Name CHARLIE HARDY | Category Type | , , - | _ | IEX CI MENT | |
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| Office Sought: House Disbursement Fo | r: | 00/0 | .,, | | |
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| Full Name (Last, First, Middle Initial) A. OFFICE DEPOT Mailing Address 225 DEL RANGE BLV | ۵. | Date of Disbursement |
| City CHEYENNE WY State 8: Purpose of Disbursement OFFICE SUPPLIES Candidate Name CHARLIE HARDY | Zip Code Category Type | _ CHRP PHYMEN I DATE. |
| Office Sought: House Disbursement For: Senate President Other (sp. District: Full Name (Last, First, Middle Initial) | General pecify) | 08/07/2014. |
| Malling Address 620 E. 16th ST. City CHEYENNE WY | Zip Code 8 200 / | Amount of Each Disbursement this Period |
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| Purpose of Disbursement PRINTING YARD SIGNS Candidate Name CHARLIE HARDY | Category | 1,389.66 MEMO-AMEX CREDIT |
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| NAME OF COMMITTEE (IN FUIL) CHARLIE HARDY FOR SO | | |
| Full Name (Last, First, Middle Initial) A. WYOMING TROPHY & END Mailing Address | DRAVING- | Date of Disbursement |
| Mailing Address THOMES AVE | 7in Cado | |
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| Senate V Primar | | 08/07/2014. |
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| B. <i>USPS</i> | | Date of Disbursement |
| Mailing Address 2120 CAPITOL AVE. | | 07 18 20 14 |
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| Candidate Name CHARLIE HARDY | Category Type | CARD PAYMENT DATE |
| Office Sought: House Disbursement F | or: | 08/07/2014. |
| State: Wy District: | (| |
| Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS | | Date of Disbursement |
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| FT. LAUDERDALE FL. | Zip Code 33329-7812 | Amount of Each Disbursement this Period |
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| Full Name (Last, First, Middle Initial) A. VELIZON WIRELESS Mailing Address FRONTER MALL | | Date of Disbursement |
| City CHEYENNE WY State Purpose of Disbursement TELEPHONE Candidate Name CHARLE HARDY Office Sought: House Disbursement For: Senate Primary President Other (s) | Category Type | Amount of Each Disbursement this Period 450,59 MEMO-AMEX CREDIT CARD PAYMENT DATED 08/27-/2014. |
| Full Name (Last, First, Middle Initial) B. OFFICE DEPOT | | Date of Disbursement |
| Mailing Address 225 DELRANGE BLVD - | Category Type | Amount of Each Disbursement this Period 40.87 MEMO-AMEX CREDIT CARD PAYMENT DATES 08/27/2014. |
| Full Name (Last, First, Middle Initial) C. GASAMAT | | Date of Disbursement |
| City CHEYENNE WY State Zig CHEYENNE Purpose of Disbursement FUEL-FOR CAMPAIGN Candidate Name CHARLIE House Disbursement Form Senate Primary Other (s. | Category Type | Amount of Each Disbursement this Period 42.23 MEMO - AMEX CREDIT CARD PAYMENT DATE 08/27/2014. |
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| Full Name (Last, First, Middle Initial) A. USPS Mailing Address 2/20 CAPITOL AV | /E· | Date of Disbursement 07 24 2014 |
| City CHEYENNE WY Purpose of Disbursement POSTAGE | Zip Code 8200 / | Amount of Each Disbursement this Period 1. 47.00 MEND-AMEX CREDIT |
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| Office Sought: House Disbursement F Senate Prima | | 08/27/2014. |
| Full Name (Last, First, Middle Initial) C. GASAMAT Mailing Address 620 E. 16th 55. | | Date of Disbursement 07' 25' 2014 |
| - 10 - | Category Type | Amount of Each Disbursement this Period 37-13 MEMO-AMEX CREDIT CARD PAYMENT DATE 08/27/2014. |
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| NAME OF COMMITTEE (IN Full) CHARLIE HARDY FOR SEN | | |
| Full Name (Last, First, Middle Initial) A. HAMPTON INN Malling Address City RIVERTON Purpose of Disbursement MOTEL Candidate Name CHARUE HARDY Office Sought: House Disbursement For Senate Primary President State: WY District: | Zip Code Z2501 Category Type General | Date of Disbursement OF 78 2014 Amount of Each Disbursement this Period 17655 MEMO - AMEX CREDIT CARD PAYMENT DATED 08/27/2014. |
| Full Name (Last, First, Middle Initial) B. GASAMAT Mailing Address City CHEYENNE WY Purpose of Disbursement FUEL FOR CAMPAIGN VEY Candidate Name CHARLIE HARDY Office Sought: House Disbursement For Primary President Other (s | Categor Type | Date of Disbursement 07 78 70 14 Amount of Each Disbursement this Period 76.46 MEMO-AMEX CREDIT CARD PAYMENT BATE 08/27/2014. |
| Full Name (Last, First, Middle Initial) C. C+D PRINTING Mailing Address 5351 TENNYSON ST. U. | Categor Type | Date of Disbursement O7-3°/2014 Amount of Each Disbursement this Period 1,507.20 MEMO-AMEX CREDIT CARD PAYMENT DATE 08/27/2014. |
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| NAME OF COMMITTEE (In Full) CHARLIE HARDY FOR SEN | VATE | |
| Full Name (Last, First, Middle Initial) GASAMAT Mailing Address 620 E. 16th ST. | | Date of Disbursement |
| City CHEIENNE WY State | 82001 | Amount of Each Disbursement this Period |
| Purpose of Disbursement FUEL FOR CAMPAIGN VC Candidate Name CHARLIE HARDY | EHICLE Category Type | CARD PAYMENT DATED |
| Office Sought: House Disbursement For Senate Primary President Other (| General | 08/27/2014. |
| Full Name (Last, First, Middle Initial) USP Mailing Address | | Date of Disbursement 08 01 2014 |
| City CHEYENNE WY | Zip Code 82001 | Amount of Each Disbursement this Period |
| Purpose of Disbursement POSTAGE Candidate Name CHARLIE HARDY | Category | MEMO-AMEX CREDIT CARD PAYMENT DATE |
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| Full Name (Last, First, Middle Initial) . WYOMING TROPHY & ENGI | RAVING- | Date of Disbursement |
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| Mailing Address 620 THOMES AVE. City CHEYENNE WY Purpose of Disbursement | 82001 | Amount of Each Disbursement this Period 369 24 |
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CHARLIE HARDY

Mouse Disbursement For: Category/ CARD PAYMENT BATED Type 08/27/2014. Primary Senate General Other (specify) State: WY District: Full Name (Last, First, Middle Initial) Date of Disbursement MODEL SIBNS Mailing Address
//O CENTER STREET
City ROCK SPRINGS Blate
Purpose of Disbursement
PRINTING YARD SIGNS 08 07 2014 Amount of Each Disbursement this Period 67416 MEMO-AMEX CRENT CANDIDATE HARBY Category/ Type CARD PAYMENT DATED 08/27/2014 Primary L Senate General Other (specify) President State: WY District: Full Name (Last, First, Middle Initial) c. MAX'S CONOCO Date of Disbursement Mailing Address
706 N. CENTER ST.

City (45PER WY State 8260) 08 14 2014 Amount of Each Disbursement this Period Purpose of Disbursement CAMPAIGN VEHICLE 100 00 MEMO-AMEX CREDIT CHARLIE HARDY
Disbursement For: Category/ --CARD PAYMENT DATES Туре Primary General Senate Other (specify) President WY District: State: 000 SUBTOTAL of Disbursements This Page (optional).....

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| Full Name (Last, First, Middle Initial) A. MAX'S CONOCO Malling Address N. CENTER ST. | | Date of Disbursement 08 14 2014 |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEH Candidate Name CHARLIE HARBY | Category Type | CARD PHYMEN DATES |
| Office Sought: House Disbursement For Primary President Other (s State: District: Full Name (Last, First, Middle Initial) | General | Date of Disbursement |
| Malling Address Fob N. CENTER ST. City CASPER WY 82 | Zip Code 260/ | Amount of Each Disbursement this Period |
| Purpose of Disbursement FUEL FOR CAMPAIGN VEI Candidate Name CHARLIE HARDY Office Sought: House Disbursement For Venate Primary President Other (s | Category Type | MAMO-AMEX CREDIT |
| State: WY District: Full Name (Last, First, Middle Initial) C. GASAMAT Malling Address 620 E. 16-42 ST. | | Date of Disbursement |
| | Category Type | Amount of Each Disbursement this Period 2777 MEMO-AMEX CREDIT CARB PAYMENT DATES 08/27/2014 |
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| Full Name (Last, First, Middle Initial) A. C177 CARDS Mailing Address Box 6500 | | Date of Disbursement | 2014 |
| City SIOUX FALLS State Purpose of Disbursement CREDIT CARD PAYMENT - SE Candidate Name CHARLIE HARDY Office Sought: House Disbursement For X Senate Primary President Other (s | Categor Type | Amount of Each Disbu | rsement this Period |
| Full Name (Last, First, Middle Initial) B. CIT? CALOS Malling Address BOX 6500 | · · · · · · · · · · · · · · · · · · · | Date of Disbursement | 2014 |
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

MODEL SIGNS

Senate

Senate

District Full Name (Last, First, Middle Initial)

President

House

Senate

District:

President

Primary

SUBTOTAL of Disbursements This Page (optional).....

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Other (specify)

General

District: Full Name (Last, First, Middle Initial)

PILOT

Purpose of Disbursement

Office Sought:

Malling Address

Candidate Name

Office Sought:

Purpose of Disbursement

City

State:

President

PAGE 25 OF 44 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 117 19b **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. CHARLIE HARDY FOR SENATE Date of Disbursement 09 03 2014 City ROCK SPRINGS Amount of Each Disbursement this Period 197690 Purpose of Disbursement

CAMPAIGN SIGNS MEMO- CITI CORP CHARLIE HARDY Category/ CREDIT CARD PAYMENT Type Disbursement For: ___ Primary General Other (specify) Date of Disbursement Mailing Address STAGE COACH DR.
City ROCK SPRINGS WY 04 2014 Amount of Each Disbursement this Period FUEL FOR CAMPAIGN VEHICLE MEMO-CITICORP Category/ CREDIT CARD PAYMENT Type Disbursement For: General Primary Other (specify) Date of Disbursement State Zip Code Amount of Each Disbursement this Period Category/ - Type Disbursement For:

FEC Schedule S (Form 5) (Revised 02/2009)

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| SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 26 OF 44 (check only one) 1 17 |
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| Any information copied from such Reports and Statements more for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) CHARLIE HARBY FOR | address of any political commit | person for the purpose of soliciting commutations tee to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) A. LITTLE AMERICA Malling Address 2800 W. LINCOLNA City CHEYENNE WY Purpose of Disbursement FUEL FOR CAMPAIGN VEH Candidate Name CHARUE HARDY | Zip Code \$2009 | Date of Disbursement O9 17 2014 Amount of Each Disbursement this Period 227.57 |
| Office Sought: House Disbursement For V Senate Primary President Other (s State: District: Full Name (Last, First, Middle Initial) | General | |
| B. FACEBOOK | | Date of Disbursement |
| Malling Address HACKER WAY City MENLO PARK CA Purpose of Disbursement ADS ON FACEBOOK Candidate Name CHARLIE HARDY | Zip Code 94025 Category | Amount of Each Disbursement this Period 2-50 06 |
| Office Sought: House Disbursement For Senate Primary President Other (s | General | |
| Full Name (Last, First, Middle Initial) C. REMAX CAPITOL PROPER Mailing Address 4000 CENTRAL AVE. | TIES | Date of Disbursement |
| Purpose of Disbursement CAMPAIGN OFFICE RENTAGE Candidate Name CHARLIE HARDY | Catagory Type | Amount of Each Disbursement this Period 900,00 |
| Office Sought: House Disbursement For Primary President Other (s | General | 1027/2 |
| SUBTOTAL of Disbursements This Page (optional) | | 1,37763 |

| SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE (check only | | A: 18 20t | | 24 19a 20c | | 18 21 |
|---|---|-------------------------|----------|-----------------|-----------|------------------|--------|----------|
| Any information copied from such Reports and Statements m | ay not be sold or used by any address of any political commit | person for t | he purpo | ose of a | solicitin | g contr | ibutio | ns |
| or for commercial purposes, other than using the name and a | | tee to solicit | contribu | Itions fr | om suc | th com | mittee | I. |

| | Detailed Summan | y Page | 20a 20b 20c 21 |
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| Ar | y information copied from such Reports and Statements may not be sold or for commercial purposes, other than using the name and address of any poli | used by any per tical committee | rson for the purpose of soliciting contributions to solicit contributions from such committee. |
| 1 | NAME OF COMMITTEE (In Full) | | |
| Z | CHARLIE HARDY FOR SENATE | | |
| | Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| A. | REMAX CAPITOL PROPERTIES | | |
| | Mailing Address 4000 CENTRAL AVE. | | 09 03 2014 |
| | CITY CHEYENNE WY 82001 | r | Amount of Each Disbursement this Period |
| | Purpose of Disbursement CAMPAIGN STAFF APT. RENTAL | | 1,100,00 |
| | Candidate Name CHARLIE HARDY | Category/ Type | |
| | Office Sought: House Disbursement For: Senate Primary General | | |
| | Senate Printary General Other (specify) | | |
| | State: District: | <u> </u> | ļ |
| ₿. | OFFICE DEPOT | | Date of Disbursement |
| | NA-th- Address | | 09 02 2014 |
| | 1275 DEL RANGE BLUD | · · · · · · · · · · · · · · · · · · · | |
| | City CHEYENNE WY 82001 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement OFFICE SUPPLIES | | 157.58 |
| | Candidate Name | Category/ | |
| | CHARUE HARDY Office Sought: House Disbursement For: | Туре | |
| | Senate Primary General | | |
| | President Other (specify) State: W District: | | |
| | Full Name (Last, First, Middle Initial) | | |
| C. | FACE BOOK | | Date of Disbursement |
| | Mailing Address HACKER WAY | | 09 02 2014 |
| | Mailing Address HACKER WAY City MENLO PARK CA 24025 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement ADS ON FACE BOOK | | 63,23 |
| | CHARLIE HARDY | Category/ - Type | |
| | Office Sought: House Disbursement For: Senate Primary General | | |
| | State: WY District: Other (specify) | | |
| \[\s | UBTOTAL of Disbursements This Page (optional) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1:320.81 |
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| SCHEDULE B | (FEC Form 3) |
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| ITEMIZED DIS | BURSEMENTS |

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| SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUM (check only one | | PAGE 76 | 0F 444 19b |
| Any information copied from such Reports and Statements more for commercial purposes, other than using the name and a | ay not be sold or used by any address of any political commit | person for the pu | irpose of so | liciting contril | outions |
| NAME OF COMMITTEE (IN FUII) CHARLIE HARDY FOR | | | **** | | |
| Full Name (Last, First, Middle Initial) REMAX CAPITOL PROPE | ERTIES | Date of Di | bursement | | |
| Mailing Address 4000 CENTRAL AV | -, | 08 | 06 | 201 | 4 |
| City CHEYENNE WY State | | Amount of | Each Disbu | rsement this | Period |
| Purpose of Disbursement CAMPAIGN OFFICE RENT | AL | | | 900. | 00 |
| Candidate Name CHARLIE HARDY | Category Type | <i>,</i> | | | |
| Office Sought: House Disbursement Form Senate Primary President Other (s | General | | | | |
| Full Name (Last, First, Middle Initial) | 0-15-6 | Date of Di | sbursement | | |
| Mailing Address 4000 CENTRAL AVE. | K11ES | 08 | 06 | 201 | 4 |
| CHEYENNE WY 82 | Zip Code | Amount of | Each Disbu | reement this | Period |
| Purpose of Disbursement CAMPAIGN STAFF APT. N | | | 4 | 1,100 | 00 |
| CHARUE HARDY | Category | <i>y</i> | | | |
| Office Sought: House Disbursement For Senate Primary President Other (s. State: | General | | | | |
| Full Name (Last, First, Micidle Initial) | | Date of Dis | sbursement | | |
| Malling Address AD AME CT CC | · · · · · · · · · · · · · · · · · · · | 08 | 12 | 201 | 4 |
| Malling Address ADAMS ST. SE City OLYMPIA State Zig WA 9 | p Code | Amount of | Each Disbu | rsement this i | / Period |
| Purpose of Disbursement | 18501 | | | 512 | |
| Purpose of Disbursement CAMPAIGN VEHICLE FUEL RE Candidate Name CHARLIE HARDY | Category | lyyy | | | |
| Office Sought: House Disbursement For: | General Type | | | | |
| President Other (s. State: WY District: | pecify) | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | 2 | 25/2 | -80 |
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| SCHEDULE B (FEC Form 3) | Use separate schedule(s) for each category of the | (check only one) | | | | |
| ITEMIZED DISBURSEMENTS | Detailed Summary Page | H | 17 20a | 18 20b | 19a 20c | 19b 21 |
| Any information copied from such Reports and Statements nor for commercial purposes, other than using the name and | nay not be sold or used by any address of any political commits | person for ti | he purp | ose of so | ilciting contr | butions |
| NAME OF COMMITTEE (in Full) | | <u> </u> | | | | |
| CHARUE HARDY FOR S | ENATE | | | | | |
| Full Name (Last, First, Middle Initial) A. (FACT: IRV LIAK | | Date | of Olston | ırsement | | |
| Mailing Address CENTURY LINK TOWER CHY PHOENIX, AZ State 8. | 2 | 01 | 3 | 01 | 201 | 4 |
| City PHOENIX AZ State 8 | SO /2 | Amou | nt of Ea | ich Disbu | rsement this | Period |
| Purpose of Disbursement /NTERNET SERVICE | | | | | 799 | .68 |
| CHAPUE HARDY | Category Type | <i>'</i> | | | | |
| Office Sought: House Disbursement For Senate Primary | - | | | | | |
| President Other (i | specify) | | | | | |
| Full Name (Last, First, Middle Initial) 8. SOWADA, BARBARA | | Date | of Disbu | ırsement | * | |
| Mailing Address | | 7 | 7 | 26 | 201 | 4 |
| City ROCK SPRINGS WY | Zip Code 7290/ | Amou | nt of Ee | ich Disbu | rsement this | Period |
| Purpose of Disbursement PARADE PERMIT + ADVERT | ISING- | 7 | | | 210 | 00 |
| Candidate Name CHARLIE HARDY | Gategory. Type | <u>'</u> | | | | |
| Office Sought: House Disbursement For Primary | General | | | | | |
| State: W District: Other (s | specify) | | | | | |
| Full Name (Last, First, Middle Initial) C. WILKERSON, BRUCE | | Date | of Disbu | rsement | | |
| | | 07 | 7- | 15 | 201 | 4 |
| Mailing Address 816 ADAMS ST. SE City OLYMPIA WA 98 | p Code '50/ | Amou | nt of Ea | ch Disbu | rsement this | Period |
| Purpose of Disbursement CAMPAIGN VEHICLE FUEL | REIMB. | | | | ,640 | 79 |
| CHARLIE HARDY | Category/ Type | · - | | | | |
| Office Sought: House Disbursement For Senate | : General | | | | | |
| State: WY District: Other (s | pecify) | | | <u> </u> | | |
| SUBTOTAL of Disbursements This Page (optional) | | | . 1 | 1 | 1.50 | 47 |
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| SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 30 OF 44 (check only one) 17 |
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| Any information copied from such Reports and Statements more for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) CHARUE HARDY FOR SE | ddress of any political com | any person for the purpose of soliciting contributions mittee to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) A. REMAX CAPITOL PROPE Mailing Address 4000 CENTRAL A | WE. | Date of Disbursement |
| Purpose of Disbursement CAMPAIGN OFFICE RENTI Gandidate Name | 42 | Amount of Each Disbursement this Period |
| Office Sought: House Disbursement For: Senate President Other (s.) | General | · · · · · · · · · · · · · · · · · · · |
| Full Name (Last, First, Middle Initial) B. REMAX CAPITOL PROPE | | Date of Disbursement |
| Mailing Address 4000 CENTRAL AVE. City CHEYENWE WY State 8: Purpose of Disbursement CAMPAIGN STAFF APT. REI Candidate Name CHARLE HARDY Office Sought: House Disbursement Formary | Cates | |
| State: WY District: Full Name/(Last, First, Middle Initial) C. WILKINSON, BRUCE Malling Address SIG ADAMS ST. SE City OLYMIA Purpose of Disbursement CAMPAIGN VEHICLE LOANED Candidate Name CHARLIE HARDY | p Code 50/ VALUE Cater | |
| Office Sought: House Disbursement For Senate Primary Other (s State: WY District: SUBTOTAL of Disbursements This Page (optional) | General pecify) | Linker |

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PAGE 31 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS 18 19a 19b **Detailed Summary Page** 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) CHARLIE HARDY FOR SENATE Full Name (Last, First, Middle Initial) Date of Disbursement WILKINSON, BRUCE 07 01 2014 OLYMPIA WA State Amount of Each Disbursement this Period 374.26 Purpose of Disbursement CAMPAIGN VEHICLE LOANED VALUE CHARLIE HARBY IN-KIND Category/ Type House Disbursement For: Senate Primary General President Other (specify) Date of Disbursement В. Mailing Address City Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: Disbursement For: House Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address State City Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Disbursement For: Office Sought: House Primary General Senate Other (specify) President State: District: 37426 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 32_ OF 444
FOR LINE NUMBER:

FOR LINE NUMBER: (check only one) 13a

| AME OF COMMITTEE (In Full) CHARLIE HARDY FOR SEA | | |
|---|---|----------|
| LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHARLES E PERSO | | |
| Mailing Address PO BOX 1951 | Other (specify) ▼ | |
| Mailing Address PO BOX 1951 City State ZII CHEYENNE WY 826 | Code 203 — 1951 | |
| Original Amount of Loan Cumulative Payme | | |
| , 809.41 | , 0.00 , ,809.4, | <u>'</u> |
| TERMS Date Incurred Date | | |
| VARYOUS "NO DU | EDATE 000 % (apr) Tyes | Nc |
| List All Endorsers or Guarantors (if any) to Loan Source | | |
| Full Name (Last, First, Middle Initial) | Name of Employer | |
| Malling Address | Occupation | |
| City State ZIP Code | Amount Guaranteed | |
| 2. Full Name (Last, First, Middle Initial) | Outstanding: Name of Employer | |
| Mailing Address | Occupation | |
| | Amount | |
| City State ZIP Code | Guaranteed Outstanding: | |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: 3 3 | |
| 4. Full Name (Last, First, Middle Initial) | Outstanding: 3 3 | |
| Mailing Address | Occupation | |
| | Amount | |
| City State ZIP Code | Guaranteed Outstanding: 3 i | |
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| CHEDULE C (FEC Form | 3) | | | Use separate sch for each category Detailed Summary | of the | FOR LINE NI (check only o | UMBER: | 13a 13b |
|--|--------------|----------------|-----------------|---|-----------|---|--------------|---------------|
| AME OF COMMITTEE (In Full) CHARLIE HARDY F | TR | SENA | TE | | | | | |
| LOAN SOURCE Full Name (Last, HARDY, CHARLES E | First, Mid | dle Initial) | | ADVANCE | 1 = 1 | ction: Primary General | | |
| Mailing Address Po Box 1951 | | | | | | Other (specify |) 🔻 | |
| CHEYENNE | | State // | ZIP Cod BZC | 10 103-1951 | | | | |
| Original Amount of Loan 4,500 | .00 | Cumulative | Payment To | Date 0,00 | Balance (| Outstanding at | Close of Thi | |
| TERMS Date Incurred | ¥. | "NO | Date Due | Interest | | 9 % (apr) | Secured: | × |
| List All Endorsers or Guarantors | <u> </u> | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Yes | · No |
| 1. Full Name (Last, First, Middle I | nitial) | | | Name of Employer UNEMP | DOYE. | 8 | | |
| Mailing Address Po Box 95/ | | | ; | Occupation Amount | | | | |
| CITYCHEYENNE | State | ZIP Code | 201 | Guaranteed Outstanding: | | 4,50 | 00,00 | |
| 2. Full Name (Last, First, Middle In | nitial) | | | Name of Employer | | | | |
| Mailing Address | | | | Occupation Amount | | | | , |
| City | State | ZIP Code | • | Guaranteed Outstanding: | | 5 | | |
| 3. Full Name (Last, First, Middle In | nitial) | | | Name of Employer | | | | |
| Mailing Address | | | | Occupation | | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | | | | |
| 4. Full Name (Last, First, Middle In | nitial) | | | Name of Employer | | | | |
| Mailing Address | | , - | | Occupation | | | | |
| City | State | ZIP Code | | Amount Guaranteed Outstanding: | | | | |
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| Carry outstanding balance only to L | INE 3, Sch | redule D, for | r this line. If | no Schedule D, carry | forward | to appropriate | e line of Su | mmary. |

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| SCHEDULE C (FEC Form 3) .OANS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) 13a |
|---|---|--|
| NAME OF COMMITTEE (In Full) CHARLIE HARDY FOR SENATE | , | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHARLES E · - CREDIT CA | Ele | ection: (: Primary General |
| Mailing Address Po Box 1951 | ZIP Code | Other (specify) ▼ |
| | 2003-1951 | |
| Original Amount of Loan Cumulative Payr 9,50000 | ment To Date Balance | Outstanding at Close of This Period 9,500.00 |
| 520 11021172 | ate Due Interest Rate | Secured: |
| 02 94 2014 "NO DU | EDATE DO | O % (apr) Yes No |
| List All Endorsers or Guarantors (if any) to Loan Source | | |
| 1. Full Name (Last, First, Middle Initial) CONZALEZ, SUSAWA | Name of Employer UNEMPLOYE | .ዎ |
| Mailing Address | Occupation | |
| PO COX 1951 | Amount | |
| CHEYENNE WY 82001 | Guaranteed Outstanding: | 9,500.00 |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| | Amount Guaranteed | |
| City State ZIP Code | Outstanding: | |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: | |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: | |
| SUBTOTALS This Period This Page (optional) | | , 9,500.00 |
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| CHEDULE C (FEC Form 3) CANS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) |
|---|---|-----------------------------------|
| ME OF COMMITTEE (In Full) CHARLIE HARDY FOR SENATE | | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHARLES ECREDIT CAR | 1 = | ection: Primary General |
| Malling Address BOX M51 | | Other (specify) ▼ |
| PO BOX M51 City CHEYENNE WY 82 | Code 203-195/ | |
| Original Amount of Loan Cumulative Payment | To Date Balance | Outstanding at Close of This Per |
| TERMS Date Incurred Date Di O 4 0 4 20 14 MO DUÉ | ue Interest Rate | Secured: O % (apr) |
| List All Endorsers or Guarantors (if any) to Loan Source | | |
| 1. Full Name (Last, First, Middle Initial) CONTRICT SUSANA Mailing Address | Name of Employer UNEMPLOYE | D |
| | Occupation | |
| PO BOX 1951 City CHEYENNE WY \$2001 | Guaranteed Outstanding: | ,250.00 |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| | Amount Guaranteed | |
| City State ZIP Code | Outstanding: 1 | |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: | , |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: | 1 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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|--|---|---|--------------------------------------|-----------------------|
| CHARLIE HARDY FOR | SENATE | | | |
| HARDY, CHARLES E - CR | dle Initial) LEDIT CARD A | Ti | ection: | |
| City CHEYENNE WY | State ZIP. Co 82003 | de 1951 | | |
| Original Amount of Loan | Cumulative Payment To | Date Balance | Outstanding at Close of | |
| TERMS Date Incurred 0 4 16 20 14 | | Interest Rate | Secur O % (apr) | ed: Ves No |
| List All Endorsers or Guarantors (if any) to 1. Full Name (Last, First, Middle Initial) 6002ALCL, SUSANA | | Name of Employer UNEMPLOYE | D | <u></u> |
| Po Box 1951 | | Occupation Amount Guaranteed | _ | 10 |
| 2. Full Name (Last, First, Middle Initial) | ZIP Code 82001 | Outstanding: Name of Employer | 3,500,0 | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 4 | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | <u>, , , , , , , , , , , , , , , , , , , </u> | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | · |
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| TOTALS This Period (last page in this line only | | > | | ····· |
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| SCHEDULE C (FEC Form 3) OANS | Use separate schedule(s for each category of the Detailed Summary Page | (check only one) X 13a |
|---|--|--|
| NAME OF COMMITTEE (In Full) CHARLIE HARDY FOR SENATE | | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHARLES E CREDIT CAR Mailing Address | | Election: Primary General Other (specify) |
| Po BOX 1951 City State ZIP C CHEYENNE WY 8200 | ode 3-1951 | |
| Original Amount of Loan Cumulative Payment T | o Date Balanc | ce Outstanding at Close of This Perio |
| TERMS Date Incurred Date Due "0"4" 2"1" Z"0"1"4" No "DUE" | | Secured: |
| List All Endorsers or Guarantors (If any) to Loan Source | | |
| 1. Full Name (Last, First, Middle Initial) 60NZALEZ, SUSANA | Name of Employer UNEMPLOY | ED |
| Mailing Address PO BOX 1951 | Occupation Amount | |
| City HEYENNE WY 82001 | Guaranteed Outstanding: | 1,500,00 |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: | , |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: | • |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: | 3 |
| SUBTOTALS This Period This Page (optional) | • | , 1,500.00 |
| TOTALS This Period (last page in this line only) | > | , |

| HEDULE C (FEC Form : | 3) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) |
|--|--|---|-----------------------------------|
| ME OF COMMITTEE (In Full) CHARLIE HARBY | OR SONATE | | |
| LOAN SOURCE Full Name (Last, F HARDY, CHARLES E | irst, Middle Initial) CREDIT CARD A | \ | Ction: Primary General |
| Malling Address PO Box 1951 | | | Other (specify) |
| CHEYENNE | Wy State 82003 | ode 3-/95/ | |
| Original Amount of Loan | Cumulative Payment 3 | | Outstanding at Close of This P |
| , 900 | 06 | 0.00 | 900.00 |
| TERMS Date incurred | Date Du | • | Secured: |
| 04 25 201 | 4 NO DUE | DATE 00 | O % (apr) |
| List All Endorsers or Guarantors (| | | |
| 1. Fuil Name (Last, First, Middle In | itial) 64.4 | Name of Employer UNEMPLOYED | |
| GONZALEZ, SU: | 277/OF | Occupation | |
| PO BOX. 1951 | | | |
| · | Ol-4- 7/D Code | Amount Guaranteed | 900 00 |
| CHEYENNE | Wy 8200 / | Outstanding: | 700,00 |
| 2. Full Name (Last, First, Middle In | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City | State ZIP Code | Guaranteed Outstanding: | |
| 3. Full Name (Last, First, Middle In | itial) | Name of Employer | |
| Malling Address | | Occupation | |
| • | | Amount | |
| Oh. | State ZIP Code | Guaranteed | _ |
| City | 0.0.0 | Outstanding: | 1 |
| 4. Full Name (Last, First, Middle In | itial) | Name of Employer | |
| 4, Full Reside (LEGG) 1 Hos, Whoole W. | | | |
| Malling Address | | Occupation | |
| | | Occupation Amount | |
| | State ZIP Code | | |

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SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 39 OF 44 FOR LINE NUMBER: (check only one)

| LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHARLES E.— CREDIT CARL | S ADVANCE | Election: X Primary General |
|--|--|---|
| Mailing Address Po Box 1951 | · | Other (specify) ▼ |
| City CHEYENNE WY 8200 | Code 13-1951 | |
| Original Amount of Loan Cumulative Payment | To Date Bs | lance Outstanding at Close of This Period |
| 1.000.00 | 0.00 | 1000 00 |
| TERMS Date Incurred Date Da | re Interest Ra | ite Secured: |
| 05 01 2014 NO DUE] | DATE | 0.00 % (apr) _ Yes No |
| List All Endorsers or Guarantors (if any) to Loan Source | | |
| 1. Full Name (Last, First, Middle Initial) 6002ALE Z, SUSANA | Name of Employer UN EMPLO | VED |
| Malling Address | Occupation | |
| PO BOX 1951 | Amount | |
| City CHEYENNE State ZIP Gode WY 82001 | Guaranteed Outstanding: | 1,000,00 |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| | Amount | |
| City State ZIP Code | Guaranteed Outstanding: | |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Malling Address | Occupation | |
| | Amount | |
| City State ZIP Code | Guaranteed Outstanding: | |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| | Amount | |
| City State ZIP Code | Guaranteed Outstanding: | |
| SUBTOTALS This Period This Page (optional) | | 100000 |
| ARIALIES HIS LOURS HIS ABOUT A SECTION AND A SERVICE AND A | ······································ | • . |

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|--|---|---|
| HEDULE C (FEC Form 3) ANS | Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 40 OF 44 FOR LINE NUMBER: (check only one) 13 |
| ME OF COMMITTEE (In Full) CHARUE HARDY FOR SENATE | | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHAPLES E CREDIT CAR Mailing Address | I | sction: Z Primary General Other (specify) |
| PO BOX 1951 | Code 2003 - 1957 | |
| Original Amount of Loan Cumulative Payment | To Date Balance | Outstanding at Close of This Pe |
| TERMS Date Incurred Date Dr. OS 02 2014 NO DUE | | Secured: O % (apr) — Yes |
| List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) 60NZALEZ, SUSANA | Name of Employer UNEMPLOYED | |
| Malling Address PO BOX 1951 City CHEYENNE State ZIP 82001 | Amount Guaranteed Outstanding: | 1000 00 |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation Amount | |
| City State ZIP Code | Guaranteed Outstanding: | |
| 3. Full Name (Last, First, Middle tritial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: | |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: | |
| SUBTOTALS This Period This Page (optional) | | 1,000,00 |
| TOTALS This Period (last page in this line only) | • | , |
| Carry outstanding balance only to LINE 3, Schedule D, for this line | . If no Schedule D, carry forwa | rd to appropriate line of Summi |

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 41 OF 44 FOR LINE NUMBER: (check only one)

| X | 13a |
|---|-----|
| | 13b |

| Other (specify) PS/ The Balance Outstanding at Close of This Period Of State Secured: TE 000 % (apr) Yes Tame of Employer UNEMPLOYED Decupation The proper of Employer |
|--|
| Balance Outstanding at Close of This Period 3 4 00 00 and an |
| interest Rate Secured: TE 000 % (apr) Yes Iame of Employer UNEMPLOYED Coupstion Imount Busranteed 340000 |
| Interest Rate Secured: TE 000 % (apr) Yas Iame of Employer UNEMPLOYED Impount Busranteed 340000 |
| Izme of Employer UNEMPLOYED Coupation Imount Busranteed 340000 |
| lame of Employer UNEMPLOYES Decupation Impount Busranteed 340000 |
| UNEMPLOYES Decupation Impount Busranteed 340000 |
| UNEMPLOYES Decupation Impount Busranteed 340000 |
| mount . Guaranteed 340000 |
| Sugranteed 340000 |
| Jutstanding: |
| lame of Employer |
| Occupation |
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| Buaranteed Dutstanding: |
| lame of Employer |
| Docupation |
| Amount Bugranteed |
| Outstanding: Name of Employer |
| |
| Decupation |
| Amount Buaranteed Dutstanding: |
| 3,400.0 |
| And |

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 42 OF 44 FOR LINE NUMBER: (check only one)

| X | <u>ع</u> 3د |
|---|-------------|
| | 13b |

| AN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHARLES E CREDIT C | ARD ADVANCE | Election: Primary General Other (specific) |
|---|---------------------------------------|---|
| Po Box 1951 | · · · · · · · · · · · · · · · · · · · | Other (specify) • |
| State Z | IP Code 103-1951 | |
| Original Amount of Loan Cumulative Payme | ent To Date Bal | ance Outstanding at Close of This Po |
| 350.00 | 0.00 | 3500 |
| RMS Date Incurred Date | Due Interest Rat | e Secured: |
| 06 05 2014 NO DUE | DATE 0 | 000 % (apr) |
| st All Endorsers or Guarantors (if any) to Loan Source | | |
| Full Name (Last, First, Middle Initial) GONZALEZ, SUSANA | Name of Employer UNEMPLO | YED |
| Mailing Address | Occupation | |
| PO BOX 1951 CHEYENNE WY 82001 | Amount - Guaranteed | 350 00 |
| CHEYENNE WY 82001 | Outstanding: | |
| Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| | Amount | |
| City State ZIP Code | Guaranteed Outstanding: | |
| Full Name (Last, First, Middle Initial) | Name of Employer | |
| Malling Address | Occupation | |
| | Amount | |
| City State ZIP Code | Guaranteed Outstanding: | , |
| Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| | Amount | |
| City State ZIP Code | Guaranteed Outstanding: | |
| | | 350,0 |
| TOTALS This Period This Page (optional) | ······ | , , , , , , , , , , , , , , , , |

| SCHEDULE | C | (FEC | Form | 3) |
|----------|---|------|------|----|
| LOANS | | | | |

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4/3
FOR LINE NUMBER:
(check only one)

13a 13b

OF 44

| CHARLIE HARDY FOR SENATE LOAN SOURCE Full Name (Last, First, Middle Initial) HARDY, CHARLES E CREDIT CAN | ED ADVANCE | Election: X Primary General |
|--|-------------------------------|---|
| Mailing Address PO BOX 1951 | - | Other (specify) ▼ |
| | Code 2003—1951 | |
| Original Amount of Loan Cumulative Payment | To Date Ba | lance Outstanding at Close of This Period |
| 250000 | 0.00 | 2500.00 |
| TERMS Date Incurred Date D | ue Interest Ra | te Secured: |
| 06 27 2014 NO DUE D | ATE (| 0.00 % (apr) |
| List All Endorsers or Guarantors (if any) to Loan Source | | |
| 1. Full Name (Last, First, Middle Initial) 60NZALEZ, SUSANA | Name of Employer UNEMPLO | YED |
| Mailing Address | Occupation | |
| PO BOX 1951 City 11 State ZIP Sede | Amount Guaranteed | 2500.00 |
| CHYHEYENNE State ZIP 82001 | Outstanding: Name of Employer | |
| 2. Full Name (Last, First, Middle Initial) | Marine or Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed | |
| City State ZIP Code | Outstanding: | |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| | Amount | |
| City State ZIP Code | Guaranteed Outstanding: | |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| | Amount | |
| City State ZIP Code | Guaranteed Outstanding: | |
| | _ | |
| SUBTOTALS This Period This Page (optional) | ······ | |
| OTALS This Period (last page in this line only) | • | 29 20941 |

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page 33 of Schedule C

| deral Election Commission, Washington, D.C. 20463 | | | |
|--|--|---------------------------------------|--|
| AME OF COMMITTEE (In Full) | | FEC | DENTIFICATION NUMBER |
| CHARLIE HARBY FOR SEN | ATE | C | 00554758 |
| ENDING INSTITUTION (LENDER) | Amount of Loan | | Interest Rate (APR) |
| II Name CHASE | 4.50 | 00,00 | 0,00 |
| ailing Address BOX 15123 | Date Incurred or Establish | | 05 2014 |
| WILMINGTON State Zip Code State 19850 | Date Due | No | DUE DATE |
| A. Has loan been restructured? XNo Yes | If yes, date originally incu | Demi | F , |
| 8. If line of credit, Amount of this Draw: | Total Outstanding Balance: | ! | 4.500.00 |
| C. Are other parties secondarily liable for the debt in No X Yes (Endorsers and guarantos) | incurred? rs must be reported on Schedule | C.) | |
| property, goods, negotiable instruments, certifical stocks, accounts receivable, cash on deposit, or No Yes If yes, specify: E. Are any future contributions or future receipts of | other similar traditional collateral | Does the le | |
| collateral for the loan? X No Yes If y | ves, specify: | - What is the | estimated value? |
| A depository account must be established pursu to 11 CFR 100.82(e)(2) and 100.142(e)(2). | Address: | · | |
| Date account established: | Audiess. | | |
| 7 | City, State, Zip: | · · · · · · · · · · · · · · · · · · · | |
| F. If neither of the types of collateral described aborexceed the loan amount, state the basis upon w PERSONAL GUARANTEE C | hich this loan was made and the | basis on which | ledged does not equal or it assures repayment. |
| G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature David Finley | | DATE 10 | 13 2014 |
| H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION | \ : | | |
| To the best of this institution's knowledge, are accurate as stated above. The loan was made on terms and condition similar extensions of credit to other borrow. This institution is aware of the requirement complied with the requirements set forth at | ns (Including interest rate) no morers of comparable credit worthine that a loan must be made on a l | e favorable at thess. | ne time than those imposed for |
| ITHORIZED REPRESENTATIVE | | DATE - | |
| /ped Name ignature | Title | | |
| | i | 1 | |

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for information found on Page 344 of Schedule C

| Federal Election Commission, Washington, D.C. 20463 | | | | |
|---|---|-------------|--------------------|-----------------|
| NAME OF COMMITTEE (In Fuil) | | FEC | DENTIFICATION | N NUMBER |
| CHARLIE HARDY FOR SENAT | TE | С | 00 554 | 758 |
| LENDING INSTITUTION (LENDER) | Amount of Loan | | Interest Rate | (APR) |
| Full Name | 9500 | 00 | D/ | 00% |
| CHASE | 7,300 | | <u> </u> | |
| Mailing Address Box 15123 | Date Incurred or Established | | 14 2 | - |
| City WILMINGTON DE 19850 | Date Due | No | DUE DAT | E |
| A. Has loan been restructured? X No Yes | If yes, date originally incurred | *4 M | | • • • |
| B. If line of credit, Amount of this Draw: , 9,50 | O O O O Balance: | | 9.50 | 0.00 |
| C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors must | st be reported on Schedule C.) | | | |
| D. Are any of the following pledged as collateral for the laproperty, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify: | f deposit, chattel papers, r similar traditional collateral? | es the le | nder have a perfec | ted security |
| E. Are any future contributions or future receipts of interest collateral for the loan? No Yes If yes, sp | est income, pledged as | | ? No [| Yes |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). | Location of account: | | | |
| Date account established: | Address: | | | |
| M 4 . A A | City, State, Zip: | | ···· | |
| F. If neither of the types of collateral described above we exceed the loan amount, state the basis upon which the CERSONAL GUARANTEE | this loan was made and the basis | on which | it assures repaym | qual or ent. |
| G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature Saura Fruley | | DATE I Ö | j³ ž | 014 |
| H. Attach a signed copy of the loan agreement. | | <u> </u> | | |
| I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the teare accurate as stated above. II. The toan was made on terms and conditions (incoming similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a compiled with the requirements set forth at 11 C. | cluding interest rate) no more favor f comparable credit worthiness. a loan must be made on a basis v | rable at ti | he time than those | imposed for |
| AUTHORIZED REPRESENTATIVE | | DATE | | |
| Typed Name | | M | | |
| Signature Titl | le | | | |

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page 35 of Schedule C

| ederal Election Commission, Washington, D.C. 20463 | | | | |
|--|---|--|---------------|-------------------------------------|
| NAME OF COMMITTEE (In Full) | | FEC | IDENTIFI | CATION NUMBE |
| CHARLIE HARBY FOR S | ENATE | С | 005 | 54758 |
| ENDING INSTITUTION (LENDER) | Amount of Loan | | interes | t Rate (APR) |
| uil Name CHASE | .25 | 0 00 | | 0 00 |
| | | | | |
| eiling Address PO BOX 15123 | -Date incurred or Established | · | • | 2014 |
| WILMMGTON DE 19850 | Date Due | No | DUE | DATE |
| A. Has loan been restructured? XNo Yes | If yes, date originally incurre | d | | |
| B. If line of credit, | Total | | | |
| Amount of this Draw: | 50 0 0 Outstanding Balance: | | ; | 250 00 |
| C. Are other parties secondarily liable for the debt incu | rred? nust be reported on Schedule C.) |) | · | |
| E. Are any future contributions or future receipts of inte colleteral for the loan? | rest income, pledged as | Does the len- interest in it? What is the | No | perfected security Yes value? |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). | Location of account: | | | |
| Date account established: | Address: | | | |
| | City, State, Zip: | | | |
| F. If neither of the types of colleteral described above exceed the loan amount, state the basis upon which PERSONAL GUARANTEE. | this loan was made and the ba | sis on which I | t assumes n | not equal or spayment. |
| G. COMMITTEE TREASURER Typed Name DAVID FINLEY | | DATE | | |
| Signature David Frule | * | 10 | 13 | 2014 |
| H. Attach a signed copy of the loan agreement. | | | | |
| | | ····· | | |
| TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the tare accurate as stated above. The loan was made on terms and conditions (in the loan was made). | ncluding interest rate) no more fa | • | - | |
| To the best of this institution's knowledge, the tare accurate as stated above. | ncluding interest rate) no more fa of comparable credit worthiness, a loan must be made on a basi | vorable at the | time than | those imposed fo |
| I. To the best of this institution's knowledge, the sare accurate as stated above. II. The loan was made on terms and conditions (in almilar extensions of credit to other borrowers of this institution is aware of the requirement that compiled with the requirements set forth at 11 of the transfer of | ncluding interest rate) no more fa of comparable credit worthiness, a loan must be made on a basi | vorable at the | time than | those imposed fo |
| I. To the best of this institution's knowledge, the sare accurate as stated above. II. The loan was made on terms and conditions (in almilar extensions of credit to other borrowers of this institution is aware of the requirement that compiled with the requirements set forth at 11 of THORIZED REPRESENTATIVE upper Name. | ncluding interest rate) no more fa of comparable credit worthiness, a loan must be made on a basi | vorable at the s which assur- ing this loan. | time than | those imposed fo |

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page 36 of Schedule C

| rederal Election Commission, Washington, D.C. 20403 | | | |
|--|---|--|--|
| NAME OF COMMITTEE (In Full) | | FEC | IDENTIFICATION NUMBER |
| CHARLIE HARDY FOR SEN | ATE | C | 0.055,4758 |
| LENDING INSTITUTION (LENDER) | Amount of Loan | • | Interest Rate (APR) |
| Full Name CHASE | 3,50 | 0,00 | 000% |
| Mailing Address PO BOY 1572-3 City WILMINGTON State Zip Code 19850 | Date Incurred or Established Date Due | | 76 2014 ODUE DATE |
| A. Has loan been restructured? No Yes | If yes, date originally incurre | ed M | , <u>p. p.</u> , <u>Lyryry</u> |
| B. If line of credit, Amount of this Draw: | Total Outstanding Balance: | | 3500,00 |
| C. Are other parties secondarily liable for the debt incu No Yes (Endorsers and guarantors materials) | rred? nust be reported on Schedule C | .) | |
| D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or other property. Yes If yes, specify: | of deposit, chattel papers, | | value of this collateral? Inder have a perfected security No Yes |
| E. Are any future contributions or future receipts of intercollateral for the loan? No Yes If yes, | erest income, pledged as specify: | What is the | estimated value? |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). | | | • |
| Date account established: | Address: City, State, Zip: | | |
| F. If neither of the types of collateral described above exceed the loan amount, state the basis upon which PERSONAL GUARANTE | n this loan was made and the b | asis on which | it assures repayment. |
| G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature Saund Finley | | DATE | 1 2014 |
| H. Attach a signed copy of the loan agreement. | | | |
| TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the are accurate as stated above. The loan was made on terms and conditions (in similar extensions of credit to other borrowers). This institution is aware of the requirement that complied with the requirements set forth at 11. | including interest rate) no more of comparable credit worthiness talloan must be made on a ba | favorable at the state of the s | ne time than those imposed for |
| AUTHORIZED REPRESENTATIVE | | DATE | |
| Typed Name | | ראריבאר | / <u>[[2,42]</u> / <u>[4,42]</u> / |
| Signature | itle | | |

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for information found on Page 31 of Schedule C

| FEC IDENTIFICATION NUMBER |
|--|
| C00554758 |
| Interest Rate (APR) |
| 0 00 000 |
| 0,00 |
| 04 21 2014 |
| NO DUE DATE |
| d |
| 150000 |
| |
| What is the value of this collateral? Does the lender have a perfected security interest in it? No Yes |
| What is the estimated value? |
| |
| • |
| |
| e amount pledged does not equal or its on which it assures repayment. HARDY |
| DATE |
| 10 13 2014 |
| |
| j |
| nation regarding the extension of the loan vorable at the time than those imposed for which assures repayment, and has |
| vorable at the time than those imposed for t which assures repayment, and has ng this loan. |
| vorable at the time than those imposed for |
| |

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page 39 of Schedule

| Federal Election Commission, Washington, D.C. 20463 | | | Page 20 of Schedule C |
|--|---|--|---------------------------------------|
| NAME OF COMMITTEE (In Full) | | FEC | IDENTIFICATION NUMBER |
| CHARLIE HARDY FOR SE | NATE | С | 00554758 |
| LENDING INSTITUTION (LENDER) | Amount of Loan | | Interest Rate (APR) |
| Full Name | 90 | 000 | 000 |
| CHASE | 70 | 000 | |
| Mailing Address PO BOX 1512-3 | Date Incurred or Established | 04 | 25 2014 |
| CITY WILMINGTON DE 19850 | Date Due | No | DUE DATE |
| A. Has loan been restructured? XNo Yes | If yes, date originally incurred | i | |
| B. If line of credit, | Total | | |
| Amount of this Draw: | 0000 Outstanding Balance: | | 900 00 |
| C. Are other parties secondarily liable for the debt incurre No Yes (Endorsers and guarantors mus | ed? est be reported on Schedule C.) | | · · · · · · · · · · · · · · · · · · · |
| D. Are any of the following pledged as collateral for the laproperty, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify: | deposit, chattel papers, similar traditional collateral? | | der have a perfected security |
| E. Are any future contributions or future receipts of intere collateral for the loan? No Yes If yes, ap | | What is the | estimated value? |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). | | | |
| Date account established: | Address: | | |
| | City, State, Zip: | ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· | |
| F. If neither of the types of collateral described above wa exceed the loan amount, state the basis upon which the | his loan was made and the bas | is on which t | t assures repayment. |
| PERSONAL GUARANTEE | OF CHARLIE | HARD | y |
| G. COMMITTEE TREASURER Typed Name DAVID FINLEY | | DATE | |
| Signature David Friles | <u> </u> | 10 | 13 2014 |
| H. Attach a signed copy of the loan agreement. ${\cal U}$ | | <u> </u> | |
| TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the ter are accurate as stated above. | | = | _ |
| II. The loan was made on terms and conditions (incl aimilar extensions of credit to other borrowers of III. This institution is aware of the requirement that a complied with the requirements set forth at 11 CF | comparable credit worthiness, loan must be made on a basis | which assum | · • |
| AUTHORIZED REPRESENTATIVE | Series with 1901172 III III III | DATE | |
| Typed Name | | DAIG | |
| Signature |) | | |

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page 39 of Schedule C

| ideral Election Commission, Washington, D.C. 20463 | | | | | | |
|--|---|--|--|--|---|-----------------|
| IAME OF COMMITTEE (In Full) | | | FEC | IDENTIFE | CATION | NUMBER |
| CHARLIE HARDY FOR | SENATE | | C | 005 | 5 47 | 758 |
| ENDING INSTITUTION (LENDER) | Amount of Loan | · · · · · · · · · · · · · · · · · · · | | Interes | Rate (AF | PFI) |
| ull Name CHASE | | 1000 | 00 | | 000 | 9 |
| lailing Address | | - | | · | - | |
| PO BOX 15123 | Date Incurred or | Established | | | | |
| WILMINGTON BE 19850 | Date Due | | NO | DUE | DAT | E |
| A. Has loan been restructured? XNo Yes | If yes, date origin | nally incurred | | | | |
| B. If line of credit, | Tota | | | | | |
| Amount of this Draw: / · 0 | | atanding ance: | | | 000 | 00 |
| C. Are other parties secondarily liable for the debt in No Yes (Endorsers and guarantors | | chedule C.) | | · · · · · · · · · · · · · · · · · · · | | |
| D. Are any of the following pledged as collateral for property, goods, negotiable instruments, certificate stocks, accounts receivable, cash on deposit, or on the collateral for the property of the collateral for property. No Yes If yes, specify: | es of deposit, chattel par other similar traditional o | pers. | | | | |
| | | | the lendest in it? | ler have a No | perfected Yes | • |
| E. Are any future contributions or future receipts of it collateral for the loan? No Yes If ye | | inter | est in it? | | Yes | • |
| | Location of account | es Whi | est in it? | No | Yes | • |
| A depository account must be established pursua | a, specify: | es Whi | est in it? | No | Yes | • |
| A depository account must be established pursua to 11 CFR 100.82(e)(2) and 100.142(e)(2). | Location of account | es Whi | est in it? | No | Yes | • |
| A depository account must be established pursua to 11 CFR 100.82(e)(2) and 100.142(e)(2). | Location of according Address: City, State, Zip: e was pledged for this is ich this loan was made | 9.5 Whi | est in it? | No estimated v | Yes alue? | ar |
| A depository account must be established pursua to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above exceed the loan amount, state the basis upon whith personal graphs. Cuarantee. G. COMMITTEE TREASURER | Location of according Address: City, State, Zip: e was pledged for this is ich this loan was made | oan, or if the an and the basis or | est in it? | No estimated v | Yes alue? | ar |
| A depository account must be established pursua to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above exceed the loan amount, state the basis upon whith personal account account account the basis upon whith personal account accou | Location of account Address: City, State, Zip: e was pledged for this ich this loan was made OF CHAI | oan, or if the an and the basis or | est in it? It is the end in the interest of t | No estimated video diged does assures re | Yes alue? | l or |
| A depository account must be established pursua to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above exceed the loan amount, state the basis upon whith personal formation of the types of collateral described above exceed the loan amount, state the basis upon whith personal formation of the loan agreement. G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature DAVID FINLEY H. Attach a signed copy of the loan agreement. | Location of account Address: City, State, Zip: e was pledged for this ich this loan was made OF CHAI | oan, or if the an and the basis or | nount please which it | No estimated video diged does assures re | Yes ralue? not equa | l or |
| A depository account must be established pursua to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above exceed the loan amount, state the basis upon whith personal properties. G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature H. Attach a signed copy of the loan agreement. I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the are accurate as stated above. | Location of account Address: City, State, Zip: e was pledged for this inch this loan was made OF CHAI e terms of the loan and | oan, or if the an and the basis of | nount plean which it | No estimated videos diged does assures re | ratue? not equal payment. | or 14 the loan |
| A depository account must be established pursua to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above exceed the loan amount, state the basis upon whith personal particles of the loan amount. G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature DAVID FINLEY H. Attach a signed copy of the loan agreement. I. To BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the | Location of account Address: City, State, Zip: e was pledged for this inch this loan was made OF CHAI e terms of the loan and (Including interest rate) a of comparable credit wast a loan must be made | oan, or if the an and the basis of the information of the favorations. | nount plean which it | No destimated video description of the extention of the e | relue? not equal payment. 20 ension of those imp | or 14 the loan |
| A depository account must be established pursua to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collisteral described above exceed the loan amount, state the basis upon which personal process of the loan amount. G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature H. Attach a signed copy of the loan agreement. I. To BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the are accurate as stated above. II. The loan was made on terms and conditions similar extensions of credit to other borrower. III. This institution is aware of the requirement the compiled with the requirements set forth at 1 | Location of account Address: City, State, Zip: e was pledged for this inch this loan was made OF CHAI e terms of the loan and (Including interest rate) a of comparable credit wast a loan must be made | oan, or if the an and the basis or more favorations. other information or more favorations. on making the sales with the sal | nount plean which it | No destimated video description of the extention of the e | relue? not equal payment. 20 ension of those imp | or 14 the loan |
| A depository account must be established pursua to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: F. If neither of the types of collateral described above exceed the loan amount, state the basis upon whith personal process. G. COMMITTEE TREASURER Typed Name DAVID FINLEY Signature H. Attach a signed copy of the loan agreement. I. To the best of this institution's knowledge, the are accurate as stated above. II. The loan was made on terms and conditions similar extensions of credit to other borrower. III. This institution is aware of the requirement the compiled with the requirements set forth at 1 | Location of account Address: City, State, Zip: e was pledged for this inch this loan was made OF CHAI e terms of the loan and (Including interest rate) a of comparable credit wast a loan must be made | oan, or if the an and the basis or more favorations. other information or more favorations. on making the sales with the sal | nount plean which it | No destimated video description of the extention of the e | relue? not equal payment. 20 ension of those imp | or 14 the loan |

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for information found on Page 40 of Schedule (

| Federzi Election Commission, Washington, D.C. 20463 | | | Page 70 or Someouse |
|--|--|----------------|------------------------------|
| NAME OF COMMITTEE (In Full) | | FEC | DENTIFICATION NUMBER |
| CHARLIE HARDY FOR SE | ENATE | | 00554758 |
| LENDING INSTITUTION (LENDER) | Amount of Loan | | Interest Rate (APR) |
| full Name CHASE | 100 | 0 00 | 000 |
| Asiling Address | | | • |
| PO BOX 15123 | Date Incurred or Established | | 02 2014 |
| WILMINGTON BEE 19850 | Date Due | No | DUE DATE |
| A. Has loan been restructured? XNo Yes | If yes, date originally incurre | od | |
| 8. If line of credit, | Total | | • |
| Amount of this Draw: 1.00 | O O O Outstanding Balance: | | 100000 |
| C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guaranters mu | ed? ist be reported on Schedule C. | <u> </u> | |
| D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify: | f deposit, chattel papers. | Does the len | der have a perfected securit |
| E. Are any future contributions or future receipts of intere collateral for the loan? No Yes If yes, e | Location of account: | What is the | estimated value? |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). | Address: | | |
| Date account established: | winese. | | |
| | City, State, Zip: | | |
| F. If neither of the types of collateral described above we exceed the losn amount, state the basis upon which to PERSONAL GUARANTEE | his loan was made and the ba | sis on which i | t assures repayment. |
| G COMMITTEE TOFASI IDED | of cirrere | DATE | 7 |
| Typed Name DAVID FINLEY Signature David Frules | | 10 | 13 2014 |
| H. Attach a signed copy of the loan agreement. $\mathcal C$ | | | |
| TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the term are accurate as stated above. The loan was made on terms and conditions (incommillar extensions of credit to other borrowers of III. This institution is aware of the requirement that a compiled with the requirements set forth at 11 Circumstance. | iluding interest rate) no more fa comparable credit worthiness. | vorable at the | time than those imposed for |
| JTHORIZED REPRESENTATIVE | | DATE | |
| rped Name | <u> </u> | 4 | |
| 3146 | • | 1 | |

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page 41 of Schedule C

| Federal Election Commission, Washington, D.C. 20463 | | | | | |
|--|---|--|---------------------------------------|------------------|-------------|
| NAME OF COMMITTEE (In Full) | | FEC | IDENTIFIC | N MOITAS | UMBER |
| CHARLIE HARDY FOR SE | NATE | С | 005 | 547 | 58 |
| LENDING INSTITUTION (LENDER) | Amount of Loan | | Interest | Rate (API | ₹) |
| Full Name | 2010 | A AA | | 000 | |
| CHASE | 3,40 | 0,00 | | 0.00 | |
| Mailing Address PO BOX 15123 | Date Incurred or Established | | 23 | | • |
| CITY WILMINGTON DE 19850 | Date Due | NO | DUE | DAT | E |
| A. Has loan been restructured? XNo Yes | If yes, date originally incurred | ., ,. 5 | ٠, | | |
| 8. If line of credit, Amount of this Draw: 340 | O OO Total Outstanding Balance: | | 3 | 400 | 00 |
| C. Are other parties secondarily liable for the debt incum No Yes (Endorsers and guarantors mu | ed? ist be reported on Schedule C.) | | | | |
| D. Are any of the following pledged as collateral for the inproperty, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other who was also as any future contributions or future receipts of interest collateral for the loan? No Yes If yes, specify: E. Are any future contributions or future receipts of interest collateral for the loan? | f deposit, chattel papers, r similar traditional collateral? est income, pledged as | What is the Does the ler interest in it' | oder have a | perfected Yes | |
| A depository account must be established pursuant | Location of account: | | · · · · · · · · · · · · · · · · · · · | · | |
| to 11 CFR 100.82(e)(2) and 100.142(e)(2). | Address: | | | | |
| Date account established: | C11 | | | | |
| | City, State, Zip: | | | | |
| F. If neither of the types of collateral described above we exceed the loan amount, state the basis upon which the personal GVARANTEE | this loan was made and the bar | sis on which | It assures n | | or |
| G. COMMITTEE TREASURER Typed Name DAVID FINLEY | | DATE | £ | | |
| Signature David Frules | 8 | 10 | 13 | 20 | 14 |
| H. Attach a signed copy of the loan agreement. | <u>/</u> | | | | |
| TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the teare accurate as stated above. The loan was made on terms and conditions (incompliant extensions of credit to other borrowers of III. This institution is aware of the requirement that a complied with the requirements set forth at 11 C. | cluding interest rate) no more fa f comparable credit worthiness. a loan must be made on a basi | vorable at the | e time than | those imp | osed fo |
| AUTHORIZED REPRESENTATIVE | | DATE | | | |
| Typed Name | <u> </u> | 1 | | | |
| Signature | 90 | | | | |

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for information found on Page 42 of Schedule

| Federal Election Commission, Washington, D.C. 20463 | | | Page | of Schedule C |
|--|---------------------------------------|--|---------------------------------------|--|
| NAME OF COMMITTEE (In Full) | | FEC | IDENTIFI | CATION NUMBE |
| CHARLIE HARBY FOR SE | ENATE | Ì | | 54758 |
| LENDING INSTITUTION (LENDER) | Amount of Loan | | Interes | t Rate (APR) |
| Full Name CHASE | 35 | 000 | | 000 |
| Meiling Address PO BOX 1512-3 | Date incurred or Established | 06 | 05 | 2014 |
| City WILMINGTON BEE 19850 | Date Due | No | DUE | DATE |
| A. Has loan been restructured? XNo Yes | If yes, date originally incurn | ed . | | |
| 8. If line of credit, | Total | | | ······································ |
| Amount of this Draw: 35 | O OO Outstanding Balance: | | | 350 00 |
| C. Are other parties secondarily liable for the debt incurrence. No Yes (Endorsers and guaranters mu | ed? lat be reported on Schedule C. |) | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
| D. Are any of the following pledged as collateral for the inproperty, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No. Yes If yes, specify: | f deposit, chattel papers. | What is the vice of the length | der have a | perfected security |
| E. Are any future contributions or future receipts of intere collateral for the loan? No Yes If yes, st | | What is the | estimated v | alue? |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). | Location of account: | | | |
| Date account established: | Address: | · · · · · · · · · · · · · · · · · · · | | |
| · | City, State, Zip: | | | |
| F. If neither of the types of collateral described above we exceed the loan amount, state the basis upon which to PERSONAL GUARANTEE | hie inen was mede and the he | cla on which i | | not equal or payment. |
| G. COMMITTEE TREASURER | OF CHARGE | | <u>Y</u> | |
| Typed Name DAVID FINLEY | | DATE | _ | |
| Signature David Friles | Y | 10 | 13 | 2014 |
| H. Attach a signed copy of the loan agreement. U. I. TO BE SIGNED BY THE LENDING INSTITUTION: | , | | | |
| I. To the best of this institution's knowledge, the ter are accurate as stated above. | rms of the loan and other infor | mation regardi | ng the exte | nsion of the loan |
| The loan was made on terms and conditions (Including similar extensions of credit to other borrowers of similar extensions of credit to other borrowers of credit to other borrowers of the conditions of credit to other borrowers of credit to other borrowers of credit to other borrowers of credit to other borrowers.) | comperable credit worthings | | | · · |
| III. This institution is aware of the requirement that a compiled with the requirements set forth at 11 Cf | losn must be made on a hast | s which assuming this loan. | s repayme | nt, and has |
| AUTHORIZED REPRESENTATIVE | | DATE | ···· | |
| Typed Name Signature Title |) | 4 | | į |
| 1 | | } | | į |

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for information found on Page 43 of Schedule C

| ederal Election Commission, Washington, D.C. 20463 | | | | | |
|---|---|----------------|--------------|---------------------|-----------------|
| NAME OF COMMITTEE (In Full) | | FEC | IDENTIFIC | ATION N | JMBER |
| CHARLIE HARBY FOR SE | NATE | С | 005 | 547 | 58 |
| ENDING INSTITUTION (LENDER) | Amount of Loan | | Interest | Rate (APR |) |
| ull Name CHASE | 250 | 00 00 | | 000 | |
| latting Address PO BOX 1512-3 | Date Incurred or Established | | 27 | | • |
| WILMINGTON BE 19850 | Date Due | No | DIE | DAT | E |
| A. Has loan been restructured? XNo Yes | If yes, date originally incum | d | | | · |
| 8. If line of credit, Amount of this Draw: | Total Outstanding Balance: | | 2 | 500 | 00 |
| C. Are other parties secondarily liable for the debt incur | red? ust be reported on Schedule C. |) | | | |
| D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, cartificates of stocks, accounts receivable, cash on deposit, or other No. Yes If yes, specify: | of deposit, chattel papers. | Does the ler | | perfected a | security |
| E. Are any future contributions or future receipts of inter collateral for the loan? No Yes If yes, a | | What is the | estimated v | ratue? | |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). | Location of account: | | | | |
| Date account established: | Address: | | | | |
| | City, State, Zip: | | | | |
| F. If neither of the types of collateral described above we exceed the loan amount, state the basis upon which PERSONAL GUARANTEE. | this inen was made and the bi | unis on which | T ASSUMES 7 | not equal epsyment. | or |
| O COMMITTEE TOGACTIOED | OF CHARGE | DATE | <u> </u> | | |
| Typed Name DAVID FINLEY Signature David Frule | <u> </u> | 10 | 13 | 20 | 14 |
| H. Attach a signed copy of the loan agreement. |) | | | | |
| I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the tare accurate as stated above. II. The loan was made on terms and conditions (in similar extensions of credit to other borrowers of the institution is aware of the requirement that compiled with the requirements set forth at 11 in the institution is aware of the requirement. | including interest rate) no more for comparable credit worthiness | avorable at th | ne time than | those imp | ceed for |
| UTHORIZED REPRESENTATIVE | | DATE | | | |
| Typed Name Skinature | tle | _ | | | |

| SCHEDULE D (FEC Form 3) | (Use separate | PAGE 44 OF 44 |
|--|-------------------------|------------------------------------|
| DEBTS AND OBLIGATIONS | schedule(s) for each | (check only one) |
| NAME OF COMMITTEE (In Full) | numbered line) |] 10 |
| CHARLIE HARDY FOR SENATE | | |
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of D | ebt (Purpose): |
| RAW IMAGE | CAM | PAIGN VIDEOS & |
| Mailing Address 525 HAMPTON LANE | - webs | THE DEVELOPMEN |
| Mailing Address 525 HAMPTON LANE City KEY BISCANE, FL 33149 | | |
| Outstanding Balance Beginning This Period | | |
| 246209 | | |
| Amount Incurred This Period Payment This Period | Outstandi | ng Balance at Close of This Period |
| , 0.00 , , 0. | .00 | , 2,462,09 |
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of D | ebt (Purpose): |
| CITICARDS | CRED | IT CARD |
| Mailing Address Box 6500 | D | EBT |
| City State State SD 57117 | | ! |
| Outstanding Balance Beginning This Period | <u>l</u> | |
| 1.450.51 | | |
| Amount Incurred This Period Payment This Period | Outetendi | ng Balance at Close of This Period |
| 2,686.38 .14/. | | 3,995.16 |
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of D | ebt (Purpose): |
| AMEX | CRE | DIT CARD |
| Mailing Address POBOX 2978/2 | De | EBT |
| City FT. LAUDERDALE State Zip Code 7. State 33329-7 | 8/2 | |
| Outstanding Balance Beginning This Period | | |
| 9,504.07 | | |
| Amount Incurred This Period Payment This Period | Outstandir | ng Balance at Close of This Period |
| , 10,077.68 , ,923. | 00 | , 18,658,75 |
| 1) SUBTOTALS This Period This Page (optional) | → | , |
| 2) TOTALS This Period (last page this line number only) | > | , 25,116.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | - | 25,116.00 29,209.41 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page of | only) ► | 54,325.41 |

ME MA STOP SENTE NALW AND HALL ME MAY HOLLE MENTES THE KONTH



Seremed by 12 OCT 20204

SECRETARY OF THE SENATE

232 HART SENATE OFFICE BLOW. WASHINGTON, &C 20510-7116





14621116666

DANA K. MCCALLUM SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

| THE PRECEDING DOCUMENT WAS: |
|--|
| HAND DELIVERED |
| USPS FIRST CLASS MAIL |
| USPS REGISTERED/CERTIFIED 10 15 14 Postmark |
| USPS PRIORITY MAIL Postmark |
| DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL |
| USPS EXPRESS MAILPostmark |
| |
| OVERNIGHT DELIVERY SERVICE: SHIPPING DATE NEXT BUSINESS DAY DELIVERY |
| FEDERAL EXPRESS |
| UPS |
| DHL |
| AIRBORNE EXPRESS |
| RECEIVED FROM FEDERAL ELECTION COMMISSION Date of Receipt |
| POSTMARK ILLEGIBLE NO POSTMARK |
| FAX Date of Receipt |
| OTHER |

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PREPARER





SEN PATCH



SEN PATCH